

<b>MULTIPLE DEPENDENT CLAIM                      FEE CALCULATION SHEET</b> Substitute for Form PTO-1360 (For use with Form PTO/SB/06)								Application Number		Filing Date <span style="font-size: 1.2em;">10/050, 175</span>			
								Applicant(s) <span style="font-size: 1.2em;">KOSIMA ET AL.</span>					
								* May be used for additional claims or amendments					
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT								
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	
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